

Hereward Corporation

Hereward College

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 November 2015 and was unannounced.

Hereward College is a further education college for students with disabilities and additional needs. They provide specialist facilities for both day and residential students with complex disabilities and learning difficulties. They also provide respite care breaks for 16 to 25 year olds. At the time of our visit, 27 students were using the residential accommodation.

The college has a registered manager responsible for the residential accommodation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection in 2013, there have been two safeguarding concerns raised. One in relation to a person who received respite support at the college, and another in relation to a student who previously lived at the college. Prior to these incidents the college had started an external review of its policies and procedures to ensure the safety of students and people who received respite care. As a consequence of investigations by the local authority, the college extended the remit of the review to learn lessons from these.

Staff understood their responsibility to safeguard students from harm. Staff were available at the times students needed them and had received training so that students care and support needs were met. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks.

Staff understood the importance of supporting student's independence and providing choice. They understood the principles of the Mental Capacity Act, and management were aware of Deprivation of Liberty safeguards. At the time of our visit, no student living on site was considered to lack capacity to make their own decisions. Students told us they were supported to be independent, and were able to engage in hobbies and activities that interested them.

Students were supported to menu plan and encouraged to cook their own meals where possible. Students ate in their own flats and also used college facilities for meals. Since our last visit, the college has worked to improve the understanding of both staff and students in relation to healthy eating.

Students were referred to external healthcare professionals to ensure their health and wellbeing was maintained, as well as being referred to healthcare staff based on campus. These included a nursing team, psychologists, occupational therapists, and speech and language therapists. Medicines were managed so that people received their medication as prescribed.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of students who lived on site. Arrangements were in place so that actions were taken following concerns raised, for the benefit of students who lived in the accommodation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Staff understood their responsibility for reporting any concerns about students' wellbeing, and students told us they felt safe. The college had started an external review of its safeguarding policies and procedures and extended its remit to learn lessons from the safeguarding incidents. Staff were available at the times students needed them, in order to meet their care and support needs. Staff understood the risks associated with students support needs, and plans were in place to minimise risks identified. Students received their prescribed medicines when they should.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to provide good support to students. They were given effective training and management support. Staff understood the principles of the Mental Capacity Act, and the importance of students making their own decisions and choices. Students were supported to access health and social care services when required. Students enjoyed the food provided and the meals they helped to plan. The college had improved student and staff knowledge of healthy eating and healthy choices.

Is the service caring?

Good ●

The service was caring.

Students told us they were well supported. We observed staff treated students kindly and with respect. Staff were friendly, patient and discreet when providing support to students. Staff took time to speak with students and engaged positively with them.

Is the service responsive?

Good ●

The service was responsive.

Students' care was personalised to reflect their wishes and what was important to them. Support plans and risk assessments

were reviewed and updated when needs changed. Equipment was utilised well to support students with independent living. Staff were knowledgeable about students' needs, their interests and preferences in order to provide a personalised service. Students felt able to talk with staff if they had any concerns or complaints.

Is the service well-led?

The service was well-led.

The management team had a good understanding of their roles and responsibilities, and had systems in place to monitor the quality and safety of service provided. Staff felt supported and able to share their views and opinions about the service. Students had opportunities to put forward their suggestions about the service provided and these were acted upon in order to improve the service.

Good ●

Hereward College

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 November 2015 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The service gave us a copy of their PIR on the day of our visit. We also looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare.

We contacted Coventry and Warwickshire local authority commissioning teams (people responsible for funding the service) and Coventry social services team to find out their views on the service. They told us they had visited the service recently and there were no major concerns.

We spoke with four students who lived on site, five residential staff and three staff on the nursing team. We reviewed four care records. We reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), a sample of medicine records, complaints, and incident and accident records. We also spoke with the registered manager and the Vice Principal of the college.

Is the service safe?

Our findings

Students told us they felt safe living at Hereward College. One student told us there had never been a time where they had not felt safe, and when they asked for help, staff always came and helped them. Another said, "If I felt unsafe, I would be able to talk to someone. Having said that, I have never felt unsafe."

Since our last inspection in 2013, the college had undertaken a full external review of its safeguarding policies and procedures. Whilst the review was in process, two safeguarding allegations were received from relatives of people who used the service. As a consequence of this, the remit of the external review was extended and the college worked, and continues to work with safeguarding social workers to improve their safeguarding policies and procedures and to 'learn lessons' from the safeguarding investigations to further protect students.

We spoke with staff about safeguarding procedures. Staff were clear about their responsibilities to report these incidents to the person in charge, who were clear they needed to report concerns to the registered manager who was the college's safeguarding lead worker. The registered manager was aware of their responsibility to alert the local authority safeguarding team if there were any allegations of abuse. The PIR told us all staff completed an online safeguarding training course during their first week of employment, and face to face training in their first three months of working at the college. This was to ensure staff understood their responsibilities to safeguard students who lived on site.

Risks related to people's support needs were identified and mostly had been managed safely. For example, the college looked at the risks people had with choking, moving, and the use of equipment. We had been informed that one person had been hurt after they had been supported to move by staff. This led to further investigation by the safeguarding team, and the college was asked to improve its policy and procedures. The college informed us they had put in place most of the actions requested from the safeguarding meeting. The safeguarding social worker confirmed this. The college had also looked at risks students may face in other areas of life. For example, a student told us as part of the college's emphasis on safety, a 'firewall' had been put up on their computer to keep them from 'risky' websites such as gambling websites.

We checked there was sufficient staff to meet people's needs. There were eight staff on duty to support 27 students from 7am to midnight. Between midnight and 7am there were two staff and a team leader on duty, as well as staff 'on-call' if required in an emergency. Staff and students told us there were enough staff to meet students care requirements safely and at their pace. As well as there being sufficient staff on duty, staff were deployed so there was always a member of staff available in each flat if students felt unsafe and wanted to speak with a staff member.

Prior to staff working at the college, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff that were not suitable to support students who resided at the college. Staff confirmed they were not able to start working at Hereward College until the required checks had been received by the provider.

Students had the equipment necessary to keep them safe. For example, residential areas of the college could only be accessed by key fobs which were carried by residential staff and residential students. We were told that one student sometimes opened a ground floor door to the outside area. Staff were concerned this might impact on the safety of the person, and so had an alarm fitted to the door to alert staff the door had been opened. The estates department had improved the lighting in the grounds of the college to make the college grounds more safe at night time for students. They were also fitting overhead hoists in student's bedrooms to further reduce risks when moving people.

We checked the administration of medicines at the college to see if they were managed safely and whether students received the medicines prescribed to them. The college had a nursing team which supported residential staff. The nurses trained care workers to administer medicines and undertook checks to ensure staff remained competent to do so. Good systems were in place to support staff to improve their practice and keep students safe if errors were found when medicines were checked.

We saw medicines were stored safely and securely. Most medicines were stored in the student's bedroom. Students, where possible, were supported to administer their own medicines, and staff ensured disability was not a barrier for them to do so. For example, one student was unable to unlock the medicine cabinet in their bedroom because they could not turn the key. Instead, a safe with a key pad was installed, and medicines were stored in the safe. This meant the person could access their own medicines without requiring the support of staff. Stronger medicines were stored safely in a more secure environment. Students told us they were not able to self-administer these medicines. We checked and found these were being administered safely by staff.

Some students had medicines on an 'as required' basis. We saw detailed medicine plans which explained to staff how and when to make the decision to administer these medicines to ensure the wellbeing of the person.

Is the service effective?

Our findings

Students told us staff were, "Very nice and helpful", and "Staff are really good." Staff received training to support students who resided at Hereward College. This included training considered essential to meet students' health and social care needs, for example moving people safely, and infection control. They were also trained to meet specific health and social care needs of students. This included training to understand and support students who lived with epilepsy, diabetes, and behaviour management training. Staff told us every third week they received 'mandatory' training to support them in their work. They felt there were good opportunities for training and the college supported them to meet the needs of students well.

As well as training, staff were supported through supervision and observation. Staff received regular supervision to help them with their work, and had yearly appraisals to identify what they did well, what improvements were necessary and any future training requirements. Staff had been encouraged to undertake further qualifications to support them in their role as care and support workers, and all permanent staff had completed a level two or above, national vocational qualification (NVQ) in health and social care.

Staff demonstrated an understanding of the Mental Capacity Act, and had received training to help them understand what the Act meant for students who resided at the college. Staff understood students had choices and supported them to make their own decisions and to be independent. There was no one who lived in the residential accommodation who had been assessed as lacking capacity to make their own decisions. The management team understood their responsibilities to apply for a Deprivation of Liberty safeguard (DoLS) if a person lacked capacity and their freedom was restricted. They told us they did not think any of their students met the criteria for a DoLS, but to be assured, they had sent a 'test case' in to the local authority, and were waiting for the local authority to respond.

Students told us they were supported to see other health care professionals when required. One student said, "If you have to see a GP or a dentist, the staff go with you." Records demonstrated that when necessary, students were referred to other health and social care professionals. Speech and language therapists and occupational therapists were based on the college grounds to support students who required their services. We were told students would soon be supported with their sexual health and contraception with the opening of an on-site contraceptive and sexual health clinic.

We checked the food and nutrition provided to students. The college informed us they had improved, and were continuing to improve student understanding of healthy eating and menu planning. We were aware the college had received concerns from a relative of a student about the lack of healthy options. Since then, staff and students had undertaken training to understand healthy portion sizes, and healthy eating. A student, who had a good understanding of healthy eating, told us the menus this year were much better than the previous year. Staff told us they tried to balance student choices and their right to choose to have an unhealthy diet, with training and education to demonstrate the benefits of a healthy diet. Students told us they enjoyed the meals provided by the college, and were fully involved planning the menus for their flats. Staff told us, with the agreement of the student, they weighed the students each month and if their weight

changed, they were supported to look at why the changes might have occurred and change their diet accordingly.

Students who were supported to have their nutrition through a tube inserted into their stomach, were provided this support by staff who had been trained by the nursing staff to do so. Nursing staff not only trained care staff, but also undertook a competency assessed to ensure the staff member was competent to administer the 'feed' safely to the individual student.

Is the service caring?

Our findings

Students told us staff were kind and supportive. One student told us, "Staff are kind and helpful", another told us staff were, "Very kind".

We spent time in the accommodation block where residential students lived. We saw staff being kind and supportive to students. For example, one student had recently arrived at the college and it was their first time away from home. They were homesick and upset. Staff were observed being kind and considerate to the student and records demonstrated they had been supporting the student through a challenging transitional time. We spoke with the student who confirmed they were missing home, and that staff had been supportive to them. We were informed by staff and students that most students had a 'mentor' who provided individual support to the person. A student told us the mentor was a member of staff. They said, "Me and my mentor get on really well."

Staff were attentive and supportive towards students and could describe each student's needs. We attended a staff shift 'handover' meeting, where one shift informed the next shift of any issues or concerns they had identified with regard to students. We saw detailed information about students' needs was provided to the following shift. A member of staff told us, "Staff are caring towards students and each other. It is a very cohesive staff team. This feels more like a second home." Another staff member told us, "I like working here, we have a good laugh with students."

We saw that staff understood their role was to support students to be independent. They respected that the students they supported were young adults who were making their first steps towards independence. They understood the importance of providing support but also respected that students had rights to make their own decisions, even if they were considered to be 'unwise'. For example, on the day of our visit, one student had told staff they did not want to go to lessons that morning, and whilst staff had encouraged them to change their mind, they respected when the person made it clear it was not what they wanted. Another student refused to get up at their agreed time of 7.30am, preferring to get up later. This meant to get to their lesson on time they had to get their breakfast from the college cafeteria, rather than be supported to make their own. We observed staff calling students by their preferred names and respected student privacy by knocking on bedroom doors and waiting for a response before entering.

Weekly student meetings took place in each flat. A recently introduced 'standing agenda' ensured all aspects which linked to a students' well-being at the college were discussed. This included shopping, menus, health and safety concerns, safeguarding concerns, activity planning, student concerns and suggestions. Students chaired the meetings and staff provided support to students before and after the meeting to help them prepare for them.

Students had met with staff to discuss how best staff could support them. These discussions had been written into support plans. They clearly informed of what students preferences were and their likes and dislikes. For example, one support plan informed staff that the student did not like it if people pretended they understood what they were saying. They informed staff they would much rather be told by if staff were

not clear about what they had said. Where possible, support plans had been signed by the student to demonstrate consent had been given. Students told us they felt listened to by staff and had their views respected and acted upon. For example, one student told us they were not happy with the flat they had initially been allocated, and had been supported to move to a different one where they were much happier.

Staff told us they encouraged students to speak for themselves, however all students at the college had relatives they agreed could support them if they wished for extra support. A student told us they mostly self-advocated but at times they liked the involvement of their parent. This was respected by college staff.

Is the service responsive?

Our findings

Students told us they were asked for their views and had choices in their daily lives. Students told us that they were supported to get up at set times during the week because of college commitments, but at the week-end they could go to bed and get up when they wanted. One said, "There are no restrictions on what I can do", another told us they had been involved in risk assessments to ensure they were safe, but told us, "I have independence, I can do what I like." We saw that whilst there were set times, if students did not want to get up at these times, they did not have to.

To support students make the decision to reside at the college, the college offered prospective students an overnight assessment as part of the admission process. This gave students an idea of what it would be like to live at Hereward. One student told us, I think residential is fantastic, it is the best place I have ever been." Another student told us they had been on a two week trial. They explained to us they felt secure on arrival because they knew the staff from the trial. They said, "It's different from being at home, I wanted to learn independence." The college also obtained reports from all the professionals involved in the care and support of students to ensure placement offers were based on the best information available. The registered manager informed us they had, as a result of learning from a recent experience, tightened up their admission procedures and would not admit students unless they had received all requested information. This was to make sure the college was the right place for the student, and to protect other students.

All students had an individual learning plan which identified goals for learning and independence. One student told us they were now able to go into the town on their own, and were being supported to develop cooking skills. Staff told us some of the learning students received was less obvious as it occurred during activities where students were supported. They gave examples of students learning about 'sell by' and 'use by' dates when staff supported them with their shopping. Care records demonstrated students had been supported to learn how to do their own laundry, as well as money management.

The college had a range of services available to maximise student's independence. The PIR told us this included speech and language therapy services, occupational therapy (an occupational therapist identifies goals for independence by using different techniques, changing their environment and using new equipment), and conductive educators (people who support students with a neurological movement problems). The college also had onsite technicians who installed environmental controls to maximise independence. These included seizure monitors, door openers, adaptations to IT equipment, and eye control technology (by looking at control keys or cells displayed on a screen, a student could generate speech either by typing a message or selecting pre-programmed phrases). A student told us their desk had been modified to support them work at the correct height.

As well as identified goals for independent living, students were supported to follow their own interests and activities. On the day of our visit, a student was going into the town to get a new game for their video console. We were told some students enjoyed video game tournaments at the week-end. Students told us they went into town, the cinema, and played bowls.

We asked students if they felt able to go to staff if they had any concerns or complaints. All students we spoke with felt staff were available to talk with. One student said, "If I was not happy and it was really bad, I would go to the care manager. But if it was something little I would go to care staff. I've never had to do that I am happy at the college." Another student told us that they had complained about the food, and felt this had got better. A third student told us they didn't think the college could improve, except they would like an en suite room, but recognised this was not available. They went on to tell us if they had concerns they would not hesitate to speak with one of the care managers. The recently changed agenda for flat meetings ensured students also had an opportunity at the meeting to voice any concerns or complaints.

We looked at formal complaints. We saw these had been responded to in line with the college's formal complaint policy and procedures. Two of the complaints in 2014 had been about the lack of activities and a lack of transport at the week-end. The college had resolved this and had arranged the hire of the local authority minibuses to enable students to access the local community. The college had also bought a small minibus for the use of students and staff. As part of a scheduled review, the college had made changes to the complaints policy and procedures. A complaint made by a parent about an injury to a person on respite which had also been investigated under safeguarding, had resulted in further changes to policies and procedures. For example, the college now asked for a manager from a different college department to investigate complaints to ensure impartiality. The Student Union had been consulted about the initial changes and the person who used the respite service was consulted on the additional changes.

The PIR informed us in the final year of a student's placement, students had a transition review attended by parents or carers and external professionals to plan for transition out of the college. The college brought in external careers advice and guidance workers to support students in this.

Is the service well-led?

Our findings

The Hereward college mission statement, says, "Hereward helps learners to make progress and realise their potential and ambitions. The creativity and skills of staff, working in partnership with the community and employers, ensure learners develop skills for life and work, achieve appropriate qualifications and develop safe and healthy lifestyles that prepare them for the future." The mission statement had been developed with staff, students and governors. During our visit we saw staff and management work with students to achieve the goals set out in the statement. We saw an open and positive culture which focussed on students. One member of staff told us, "It's lovely and very rewarding to see that we make a difference." We saw students freely expressing their views to staff, and spoke with staff and management who clearly encouraged students to reach their potential.

The college had recently needed to reduce staffing levels, because changes to funding meant less students were funded to use the residential services. The reduction in student numbers meant some staff were made redundant, some moved to other employment, and others moved within the college to provide support to day students. Whilst this had been an unsettling time, we did not see this had impacted on the support provided to students. The staff team demonstrated good morale and told us they worked well together. One member of staff told us, "We've got a good team, we pull together". Another staff member said, "This is one of the best teams I have ever come across. Everyone is really supportive."

The Vice Principal is the 'nominated individual' (a person who acts as the main point of contact for the CQC) for Hereward College. He and the registered manager worked closely to support staff and students who used the residential services. Staff told us they felt well supported by the registered manager. One staff member said, "I get fantastic support from [registered manager]. If I have any concerns I feel able to go to her." Another member of staff told us, "Management support is good. There is a team leader or the care manager, you always feel you can go to either one. If we need support it has always been given." The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service students received.

Staff in leadership positions had a clear understanding of their roles and responsibilities. One member of staff told us, "Managers sing from the same song sheet. They are very consistent. There is constant reinforcement of messages." Staff were supported by regular team meetings, supervision and observation of practice. If staff practice indicated the need for improvement then further training and competency checks were carried out.

The provider carried out checks to ensure the quality of the service and drive improvements in practice. These included checks of support plans, all aspects of the environment, fire safety, incidents and accidents, and medication. Any concerns were acted on. For example, checks on pavements in the college grounds identified uneven surfaces and work took place to ensure they were safe for students to use.

As a consequence of safeguarding issues at the college, the college's safeguarding policies and procedures

had been reviewed and the college had worked collaboratively with safeguarding social workers and agencies tasked to review their policies and procedures, to improve their systems and processes to benefit student safety. The majority of actions recommended by the agencies to improve safety had been implemented, and the college was working on those actions which were still outstanding.

The PIR told us the board of governors (which included staff and student governors), received regular reports and updates from the leadership team to check that staff were receiving the training and appraisals required, and to monitor student progress. They also had in place an additional quality and standards sub-committee which provided additional scrutiny on quality matters. The college provided a range of opportunities for students and relatives to feedback on residential provision. These included parent surveys, questionnaires on the induction process, and learning reviews by students.